

Form **990****Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No. 1545-0047

**2012****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

<b>A</b> For the 2012 calendar year, or tax year beginning , 2012, and ending , 20	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input checked="" type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <u>JUSTICE THROUGH JONES</u> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>932 SEAMAN ST</u> City, town or post office, state, and ZIP code <u>FERNDALE MC 48220</u>
	<b>D</b> Employer identification number <u>30 0290372</u>
	<b>E</b> Telephone number <u>313 477 6236</u>
	<b>G</b> Gross receipts \$
	<b>F</b> Name and address of principal officer <u>STEPHEN M TAZANNA</u>
<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No" attach a list (see instructions) <b>H(c)</b> Group exemption number ▶	
<b>I</b> Tax-exempt status <input type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no. ) <input type="checkbox"/> 4947(a)(1) or <input checked="" type="checkbox"/> 527	
<b>J</b> Website: ▶	
<b>K</b> Form of organization <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other ▶	
<b>L</b> Year of formation	<b>M</b> State of legal domicile <u>MI</u>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities. <u>PROMOTE JONES OVER ALTERNATIVES</u>
	<b>2</b> Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .
<b>Revenue</b>	<b>5</b> Total number of individuals employed in calendar year 2012 (Part V, line 2a) . . . . .
	<b>6</b> Total number of volunteers (estimate if necessary) . . . . .
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .
	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . .
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . .	
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ . . . . .	
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .	
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . .	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 . . . . .	
<b>20</b> Total assets (Part X, line 16) . . . . .	
<b>21</b> Total liabilities (Part X, line 26) . . . . .	
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 . . . . .	

**Part II Signature Block**

Under penalties of perjury I declare that I have examined this return including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer <u>STEPHEN M TAZANNA</u>	Date <u>4-29-13</u>			
	Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no			

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☒ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form **990** (2012)

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